## F97000001774

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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M/ DW Resign

TALLAHASSEE, FLORIDA

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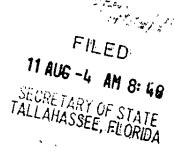
## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	Ocasa, Inc.		
(Name of Corporation)			
DOCUMENT NUMBER:	ER:F9700001774		
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing.		
Please return all correspondence co	oncerning this matter to the following:		
Andres De 0	Cabo		
(Name of Per	son)		
Ocasa, Ir	nc.		
(Name of Firm/Co	ompany)		
3450 NW 113	Court		
(Address)			
Miami, FL 33	3178		
(City/State and Zi	ip Code)		
For further information concerning	this matter, please call:		
Eduardo R. Arista	at (305) 444-7662  (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.00 mag	de payable to the Florida Department of State.		
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	Andres De Cabo	, hereby resign as_	Director, President, and Trea	
			(Title)	
of		asa, Inc.		
	(Name	of Corporation)		
	F97000001774	_, a corporation organized un	nder the laws of the State of	
	(Document Number, if known)			
	New York			
		_		
,		:		
		Halon		
	(5	Signature of resigning officer/direc	etor)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314